

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/478977 FILING DATE 1/16/01

APPLICANT(S) *Peter P. Brooks*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52	/	
3	/						53	/	
4		/					54	/	
5	/	0					55	/	
6		/					56	/	
7	/						57	/	
8		/					58	/	
9	/						59	/	
10	/						60	/	
11	/						61	/	
12	/						62	/	
13	/						63	/	
14	/						64	/	
15		/					65		
16		/					66		
17		/					67		
18		/					68		
19							69		
20		/					70		
21		/					71		
22		/					72		
23		/					73		
24		/					74		
25		/					75		
26							76		
27		/					77		
28		/					78		
29		/					79		
30		/					80		
31							81		
32		/					82		
33		/					83		
34		/					84		
35							85		
36		/					86		
37		/					87		
38		/					88		
39							89		
40		/					90		
41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47		/					97		
48		/					98		
49		/					99		
50		/					100		
TOTAL IND.	/						TOTAL IND.		
TOTAL DEP.	50						TOTAL DEP.		
TOTAL CLAIMS	50						TOTAL CLAIMS		